## PART B - FEE(S) TRANSMITTAL

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indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new of maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
1751 PINNACLI SUITE 500		72009		Certi	ficate of Mailing or Trans	
MCLEAN, VA 2	22102-3833					(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	1	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/536,460 05/25/2005			Seiji Miura		XA-10365 6477	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/24/2009
EXAM		ART UNIT	CLASS-SUBCLASS	<b>4</b> 0	<b>\$1010</b>	07/2 11/2007
GU, SHAWN X		2189	711-115000			
CFR 1.363).  Change of correspondence address (or Change of Corresponde Address form PTO/SB/122) attached.  Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custo Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
			THE PATENT (print or typ data will appear on the pa	*	is identified below, the d	ocument has been filed for
		letion of this form is NO				ocument has been filed for
(A) NAME OF ASSIC	nee Technology C	orp	(B) RESIDENCE: (CITY Tokyo, Japa		DUNTRY)	
	•	·	rinted on the patent):		poration or other private gre	oup entity 🗖 Government
4a. The following fee(s) a  Lissue Fee  Dublication Fee (N  Advance Order - #	o small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the equiped fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1165 (enclose an extra copy of this form).			
5. Change in Entity Stat	us (from status indicated S SMALL ENTITY statu		b. Applicant is no long	er claiming SMALI	ENTITY status. See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the r			d from anyone other than th			he assignee or other party in
Authorized Signature/Mitchell W. Shapiro/			Date September 24, 2009			
Typed or printed name Mitchell W. Shapiro			Registration No. 31,568			
This collection of informa an application. Confident submitting the completed	ation is required by 37 C iality is governed by 35 I application form to the	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary	on is required to obtain or re 1.14. This collection is estived depending upon the indivi-	etain a benefit by the mated to take 12 mi idual case. Any com	e public which is to file (animutes to complete, including ments on the amount of ti	d by the USPTO to process) ng gathering, preparing, and me you require to complete

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